PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

69811361

CLAIMS AS FILED - PART I						SMALL ENTITY			ITITY	OTHER THAN		
			(Column 1)		(Column 2)		T	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS		37					RATE	FEE		RATE	FEE	
FOR		-	NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 3625			X\$ 9=	225-	OR	X\$18=	468:-
INDEPENDENT CLAIMS			/ minus 3 =		12318			X40= _	120-	OR	X80=	9601-
MULTIPLE DEPENDENT CLAIM PRESENT						2		+135=	135-	OR	+270=	270%
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTAL	boon	OR	TOTAL	2458
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E		፬ን (OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	33	Minus	4	5	- D		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	TATION OF MI	Minus	***	O.	<u>-</u> O		X40=		OR	X80=	
THE TALCETANTON OF MOETH LEGEL EN				LINDEIN	I OLY MINI			+135=		OR	+270=	
			e · 4				,	TOTAL. DDIT. FEE		OR	TOTAL ADDIT. FEE	
<u>-</u>			क्यूंश्य				a management					
AMENDMENT B		GLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	- Liv	RATE	ADDI- TIONAL FEE
NDM	Total	. 7	Minus	**	15	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 3	Minus	***	6	=/		X40=		OR	X80=	
	FIRST PRESE	NIATION OF M	ULTIPLE DEF	PENDEN	I CLAIM		1	+135=	/	OR	+270=	
		-						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	.*	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM]	77.10-		OR		
	4 Abra			6	4- #OP :-	-l 0		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num						er fou	and in the ap	propriate bo	x in co	olumn 1.	